

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40039

FILED DEC 13 1957.

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 5456

Registrar's No. 1170

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|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wilson Twp. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Springfield | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rpts 8 | | Length of stay in lb 37 yrs. | d. STREET ADDRESS (If outside, give location) Route 8 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First FLOY Middle CHENNY Last LAMMERS | | | 4. DATE OF DEATH Month December Day 7 Year 1957 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 9, 1895 | | 9. AGE (In years at birthday) 62 IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook | | 10b. KIND OF BUSINESS OR INDUSTRY nursing home | | 11. BIRTHPLACE (City and state or country) New York City, N.Y. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME unknown | | | |
| 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE none | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no unknown) no (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Address Mr. Harry Robertson, Springfield, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probably Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the disease condition given in PART I (a) UNATTENDED BY A PHYSICIAN | | | | | INTERVAL BETWEEN ONSET AND DEATH few minutes |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> | | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from _____ Death occurred at 7:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE James R. Jones, M.D. (Degree or title) | | 22b. ADDRESS Greene County Health Dept. Springfield, Mo. | | 22c. DATE SIGNED 12-10-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Dec. 10, '57 | 23c. NAME OF CEMETERY OR CREMATORY. Eastlawn Cemetery | | 23d. LOCATION (City, town, or county) (State) Springfield, Missouri |
| 24. FUNERAL DIRECTOR Ralph Thieme | | ADDRESS Springfield, Mo. | | 25. DATE RECD. BY LOCAL REG. 12-10-57 | |
| 26. REGISTRAR'S SIGNATURE Edith Williamson | | | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.